Minnesota Board of Physical Therapy

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APPLICATION FOR PHYSICAL THERAPIST ASSISTANT LICENSE RENEWAL

Minnesota Online State Board of Physical Therapy

Renew Your License and Change Address Instantly!

Instead of filling out the renewal form Go to www.physicaltherapy.state.mn.us
Requires Visa or Mastercard for renewal fees

Yes ☐ No ☐ Do you have a current driver's license?

→ _____ ____
Driver's license number **State**

Your driver's license number is public information and you are requested to submit it for renewal purposes. This information may be used as the basis for further investigation by the Board into your qualifications. Failure to provide this information will not affect your renewal.

Current Expiration Date	12/31/2015
Annual Renewal Fee (2015)	$60.00
AMOUNT DUE	$60.00
New Expiration Date	12/31/2016

A late fee of $20.00 is due on renewals not postmarked by December 31, 2015.

DO NOT WRITE IN SHADED PORTION - FOR BOARD USE ONLY

DATE RECEIVED: _____

CHECK/RECEIPT NUMBER: _____

AMOUNT RECEIVED: _____

Source Code	Amount	Deposit #
641912		
641913		

*** You are required to provide this information**; your license will not be renewed without this information

*License # _____ *Birthdate _____ (MM/DD/YYYY)

* Name:_____

*Address:_____

_____

*PHONE: (_____) _____

Rules require that the Board be notified in writing of any address change within 30 days.

___***Check here if you are informing the Board of an address change with this renewal form.***

Your **CE report date** is on the front of your reminder postcard or can be looked up at http://www.physicaltherapy.state.mn.us
Click Licensee login

Name changes must be accompanied by supporting documentation (a certified or notarized copy of the legal document).

Former Name: _____

Current Name: _____

BE SURE TO COMPLETE ALL 5 PAGES OF THIS APPLICATION

WORK HISTORY

Minnesota Rule 5601.1700 requires physical therapists and physical therapist assistants to submit lists of locations or institutions where they have practiced during the past five years. Attach a separate page if additional space is needed.

Account for all time from January 2011 through December 2015. If you did not practice for any period during the past five years, then write NONE for that date range. The list of locations is public and you are required to submit it for renewal purposes. Your license will not be renewed without it.

Facility	City, State	From (MM/YYYY)	To (MM/YYYY)

PRACTICE HOURS

Select ONE of the following two statements:

____ I have practiced as a physical therapist assistant for 320 or more hours or have a passing score on the NPTE since January 1, 2011.

OR

____ I have practiced as a physical therapist assistant less than 320 hours since January 1, 2011.

You are required to submit this information for renewal purposes. Under MN Rule 5601.1700, applicants for re-licensure who have not practiced the equivalent of eight full weeks during the past five years are required to achieve a passing score on retaking the licensure examination or complete no less than eight weeks of board-approved clinical experience.

CONTINUING EDUCATION

Your **CE report date** is on the front of the reminder postcard or can be looked up at http://www.physicaltherapy.state.mn.us Click on Licensee login.

All physical therapists and physical therapist assistants must report 20 hours of continuing education, with at least 10 hours in Category 1, every two years. If your CE report is due with this renewal, record the continuing education hours below and retain the documents for auditing during this year**.**

DO NOT SEND CONTINUING EDUCATION DOCUMENTS AT THIS TIME.

Continuing education information is public and you are required to submit it for renewal purposes. Your license will not be renewed without it.

Hours	Description
	Category 1 (10 hours, minimum) activities (co)sponsored or planned by an accredited university or college, medical school, state or national medical or osteopathic association, national medical specialty society, APTA or national or state physical therapy association, national or state health organization, or pre-approved by the Board.
	Category 2 (10 hours maximum) in-service educational activities, or courses sponsored by organizations or individuals not designated in Category 1.
	Category 3 (4 hours maximum) teaching, lecturing, or similar presentation programs.
	TOTAL (20 hours minimum)

NAME:_____ LIC #_____

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CONFIDENTIAL/NOT-PUBLIC

Tennessen Warning (Minn. Stat. § 13.04). The Minnesota Board of Physical Therapy is seeking data from you which may be considered private or confidential under the Minnesota Government Data Practices Act, Minn. Stat. § 13.01 *et seq*. Minn. Stat. § 13.04, subd. 2 requires the Board to notify you of the following four matters before you are asked to supply such information about yourself:

(1) This data is being collected to determine whether you meet the requirements for renewal of your license as well as whether you have violated any statutes or rules the Board is empowered to enforce;

(2) You are not legally required to complete and return this renewal application, but failure to do so may result in the denial of this licensure renewal application;

(3) If you supply the data requested and it shows a violation of any of the statutes or rules enforced by the Board, you may be subject to disciplinary or other action by the Board. If you refuse to supply the data requested, your licensure renewal application may be denied. In addition, falsification or omission of information may be used by the Board as a basis for disciplinary action; and

(4) The data which you supply will be accessible to Board staff. The data you supply may also be released to other persons and/or governmental entities who have statutory authority to review the data, investigate specific conduct, and/or take appropriate legal action. If the Board institutes a formal disciplinary action against you, the information you supply could become public.

INSTRUCTIONS

This information is for the purpose of determining whether you meet the statutory and rule requirements for licensure renewal. The information may also be used as the basis for further investigation by the Board into your qualifications as a licensee. **MN Rules, Part 5601.3200 Subparts 3 & 4** require all licensees to self-report impairment, criminal and disciplinary actions, and to cooperate with questions raised by the Board.

A. **For questions 1 and 2**, the terms "impaired" and "limited" include but are not limited to physical, psychological, or emotional conditions or disorders, or chemical dependency or chemical abuse.

B. **For questions 1 through 4**, leave the question **unanswered** if you do not have a covered condition **OR** if you are currently participating in Health Professionals Services Program (HPSP) for a covered condition. Otherwise answer "Y" and provide a detailed explanation on a separate sheet of paper.

C. **For questions 5 through 12**, answer "Y" or "N" as appropriate. If answering "Y" to any of these questions, provide a detailed explanation on a separate sheet of paper.

***** **NOTE: Circle "Y" for yes, and "N" for no**.

Y **1.** Since your last renewal, has your cognitive, communicative, or physical ability to engage in practice as a P.T.A. with reasonable skill and safety been impaired or limited in any way? Please describe.

Y N 1a. Are the limitations or impairments reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? Please describe.

Y N 1b. Are the limitations or impairments reduced or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice? Please describe.

Y **2.** Since your last renewal, has your use of alcohol or chemical substances, including prescription medications, in any way impaired or limited your ability to practice as a P.T.A. with reasonable skill and safety? Please describe.

Y **3.** Since your last renewal, have you engaged in any illegal use of controlled substances including use of illegal controlled substances (e.g. heroin, cocaine) or illegal use of legal controlled substances (i.e. not obtained pursuant to a valid prescription of a licensed health care provider). Please describe.

Y N 3a. Have you taken any steps (e.g. treatment, psychotherapy, participation in a support group) to discontinue or reduce such use? Please describe.

Y N 3b. Are you now participating in a supervised rehabilitation program or professional assistance program which has as a component a monitoring regimen designed to assure that you are not currently engaging in the use of illegal controlled substances? Please describe.

NAME:_____LIC# _____

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Y →

4. Since your last renewal, have you been advised by your treating physician that you have a mental, physical, or emotional condition, which, if untreated, would be likely to impair your ability to practice as a P.T.A. with reasonable skill and safety? If you answer "yes" to this question, then please answer the following:

Y N 4a. With regard to any condition referenced above, are you being treated so that such impairment is avoided?_____

Y N 4b. With regard to any condition referenced above, are you in compliance with the recommended treatment? _____

Y N 4c. With regard to any condition referenced above, has your treating physician advised you that you are able to practice as a P.T.A. with reasonable skill and safety? If so, please describe.

4e. Identify your treating physician: _____

Y N **5.** Since your last renewal, have you been diagnosed as having or have you been treated for pedophilia, exhibitionism, voyeurism, or other sexual behavior disorders? If so, please describe

Y N **6.** Since your last renewal, have you been the subject of an investigation by any Federal, State, or Local agency having jurisdiction over controlled substances? If so, give particulars.

Y N **7.** Since your last renewal, have you been denied a license/registration, or the privilege of taking an examination before any examining board, or has a conditioned license/registration been issued to you by any state board or other licensing authority? If so, give particulars.

Y N **8.** Since your last renewal, has your license/registration to practice as a P.T.A. or any other health profession in any state or country been voluntarily or involuntarily (e.g. by state board order or any other form of disciplinary action) revoked, suspended, restricted, or conditioned by a state board or other licensing authority? If so, give particulars.

Y N **9.** Since your last renewal, have you been notified of or are you aware of any investigations by any state board, professional society or association, or any hospital of any complaints against you relative to the practice of physical therapy or any other health profession, or have you been reprimanded or censured by any professional society or licensing board? If so, give particulars.

Y N **10.** Since your last renewal, have your staff affiliations been denied, restricted, or revoked by a hospital, nursing home, clinic, or other health care facility? If so, give particulars.

Y N **11.** Since your last renewal, have there been any criminal charges filed against you? This includes charges of disorderly conduct, assault or battery, or domestic abuse, whether the charges were misdemeanor, gross misdemeanor, or felony. This also includes any offenses which have been expunged or otherwise removed from your record by executive pardon. If so, give particulars including the date of conduct, and state and local jurisdiction in which the charges were filed.

Y N **12.** Since your last renewal, have there been any charges of Driving While Intoxicated (DWI) or Driving Under the Influence (DUI) or other impaired driving offenses involving alcohol or other chemicals filed against you? If so, give particulars, including the date of conduct, and state and local jurisdiction in which the charges were filed.

NAME:_____ LIC #_____

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NOTICE

- Your completed renewal application and fee must be received or legibly postmarked on or before December 31, 2015, or the late fee of $20.00 will be applied. ***All renewals postmarked after this date are late*** and require the additional $20.00 late fee.
- Renewal applications are incomplete unless all required information is included (fully completed forms, signature, and the correct fee). ***Incomplete renewal applications will be returned***. An earlier submission of an incomplete renewal does not change this December 31, 2015, deadline nor waive the late fee.
- Checks should be made payable to the MN Board of Physical Therapy. State of Minnesota Taxpayer Identification Numbers are: Federal 41-6007162 State 9000001. Foreign checks should state the fee in U.S. dollars.
- Renewal applications are INCOMPLETE when checks are not honored by your bank.
- DO NOT SEND CASH BY MAIL.
- Mail your completed renewal application and fee to the address listed on the front page of the application. Be sure to use adequate postage. The postal service will not deliver parcels with insufficient postage.
- Every physical therapist and physical therapist assistant shall annually apply for a renewal of license (MN Statute 148.73) and no person shall provide physical therapy or use the title physical therapist or physical therapist assistant without a license issued under sections 148.65-148.78 (MN Statute 148.76)
- An active license is required for practice in MN. ***Practice under a lapsed or non-renewed credential is a basis for discipline under MN Statute 148.75 (a) (18).***
- Under MN Data Practices Act, a renewal application accepted by the Board becomes a public record except for social security numbers and questions 1-12.

BUSINESS ADDRESS

Effective August 1, 2012, Minnesota Statute § 214.073 requires licensees to provide their primary business address at the time of initial application and all subsequent renewals. Your primary business address is public and you are required to submit it for application purposes. Your license will not be issued without it unless you check the box below certifying that you are not currently in the workforce related to your practice.

Facility Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

☐ I certify that I am not currently in the workforce related to my practice, and I do not have a business address related to my practice at this time.

I certify that I have read and understood this renewal application and all information I provided is accurate and complete.

X_____ _____ _____

*Signature *Date *Social Security #

*Print Full Name: _____ *MN P.T.A. License # _____

*** Required for renewal;** your license will not be renewed without this information.
***** Your social security number is private and you are required to submit it for renewal purposes. MN §270C.72
The intended purpose of this information is to enable the Board to identify you.

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Physical Therapist Assistant Workforce Questionnaire 2016

You must provide this information as a matter of state law (Minn. Stat. 144.051-144.052 and Minn. Rules 4695.0100-4695.0300).Your responses support statewide health workforce planning efforts in Minnesota. The information collected is classified as public. Per Minnesota Statutes, section 144.1485, you may request your practice addresses be classified as private if this classification is required for your safety. If you need assistance filling out this form, please call (651) 201-3838 or Toll Free (800) 366-5424.

Section A: Training and Professional Information

Physical therapist assistant license number: _____

First Name _____ Middle Initial _____ Last Name_____

1. What is your highest physical therapy degree? (*check only highest level attained*)

☐ Certificate
☐ Associate

2. Did you receive this degree from a higher education institution in Minnesota?

☐ Yes
☐ No

3. Which of the following choices best describes your current employment status? *(Check only ONE)*

☐ Employed in a paid position requiring a physical therapist assistant license.
☐ Employed in another field, but seeking work as a physical therapist assistant.
☐ Employed in another field and not seeking work as a physical therapist assistant.
☐ Not employed, but seeking work as a physical therapist assistant.
☐ Not employed and not seeking work as a physical therapist assistant.
☐ Not currently working due to family or medical reasons.
☐ Retired.
☐ Student (*specify major)* _____

4. Within the next five years, do you expect to further your physical therapy education and become a physical therapist?

☐ Yes
☐ No

5. In the past 12 months, did you volunteer your time to provide physical therapist assistant services?

☐ Yes; estimated volunteer hours in past 12 months: _____
☐ No

6. If you are currently practicing as a physical therapist assistant in Minnesota, how many more years do you plan to practice in Minnesota?

☐ 5 years or less
☐ 6-10 years
☐ More than 10 years
☐ Not currently practicing as a PTA in Minnesota

If you answered #6 as "5 years or less," what is the main reason you plan to practice less than 6 years in Minnesota?

☐ Retirement
☐ Work in another state
☐ Change of professions
☐ Other (specify) _____

Prepared by the Minnesota Department of Health, Office of Rural Health and Primary Care
(651) 201-3838 or Toll Free (800) 366-5424
www.health.state.mn.us/divs/orhpc

Return this form with your license renewal.

Section B: Employment Information

7. How many weeks did you work during the past 12 months? _____ weeks

8. How many hours do you work in a typical week? _____ *(On average)*

Site One

Please provide the following information for all sites (except where otherwise indicated) where you work in a position that requires a physical therapist assistant license. ***If you are not working in a position that requires a physical therapist assistant license, please skip to questions 18 & 19.***

Please provide the following information about the site ***where you work the most hours weekly*** *in a job that requires a physical therapist assistant license.*

9. Name of facility (clinic, hospital, etc.) where you work _____

Street Address _____ **City** _____ **State** ____ **Zip code** __ __ __ __ __

10. How many years have you worked at your principle work location? *(use 0 if less than one year)* _____

11. How many hours do you work in a TYPICAL WEEK at this location? _____ (*On average)*

Site Two

Please complete the following information if you are working at an additional site requiring a current physical therapist assistant license. This is the site where you work the second highest hours weekly.

12. City _____ **State** _____ **Zip code** __ __ __ __ __

13. How many years have you worked at this location? *(use 0 if less than one year)* _____

14. How many hours do you work in a TYPICAL WEEK at this location? _____ *(On average)*

Practice Setting (s) / Activities

15. Which of the following best describes the practice setting(s) where you work weekly as a PTA? (*Check only* ***ONE*** *setting for each practice site)*

Practice Settings	Site One	Site Two
College or University	☐	☐
Health & Wellness Facility	☐	☐
Hospital (inpatient)	☐	☐
Hospital (outpatient)	☐	☐
Home Health Agency	☐	☐
Inpatient Rehab Unit/Facility	☐	☐
Long-Term Care Facility	☐	☐
Office/Clinic	☐	☐
Research Center	☐	☐
School (K-12)	☐	☐
U.S. Military/Veterans Administration	☐	☐
Other _____	☐	☐

16. How many hours (on average) do you spend in the following activities in a typical week?

Activity	Number of hours
Patient care	_____ hrs.
Administration	_____ hrs.
Teaching	_____ hrs.
Research	_____ hrs.
Sales	_____ hrs.
Consulting	_____ hrs.
Utilization review	_____ hrs.
Other *(specify)*	_____ hrs.

17. Other than English, which languages do you speak in your practice? Do not include interpretive services. (*Select ALL that apply or "None"*)

☐ None (English Only) ☐ Hmong ☐ Oromo ☐ Sign Language ☐ Swahili
☐ Amharic ☐ Khmer ☐ Russian ☐ Somali ☐ Vietnamese
☐ Arabic ☐ Lao ☐ Serbo-Croatian ☐ Spanish ☐ Other _____

Section C: Race and Ethnicity Information

18. Are you of Hispanic, Latino or Spanish origin?

☐ Yes
☐ No

19. What is your race? *(Check **ALL** that apply)*

☐ White
☐ Black/African American or African
☐ Asian
☐ American Indian or Alaska Native
☐ Native Hawaiian or Pacific Islander
☐ Other *(specify* _____

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